Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/4/2013	Address:	2225 Mechanics St.
Incident #:	13ISPC010048		Otwell, IN 47564
County:	Pike		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other: <u>Trash</u>
(check all that	l: Location (bedroom, kitchen, open air, o apply) or Birch Reaction(s):	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): <u>Trash</u>			
☐ Flammable Solvents: Outside/Kitchen			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
\boxtimes Yes $\underline{1}$ (n $\underline{\square}$ No	age 18 discovered (check appropriate) umber present) not present but evidence they reside	unclean Estimated les occurring:	tions of home: clean disarray
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	ent City, Township or County <u>Jefferso</u> tment County: <u>Pike Co. EMS</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: 812-3	
	ormation regarding this methamphetan Officer: Trp. Brandon R. Deig Phone	nine laboratory, cont e <u>812-867-2079</u>	tact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.